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**Head Office Processing
DA III
Supervisor's
Training Guide**





Head Office Processing

DA III

**Supervisor's
Training Guide**

**Prepared by: Census Operations Division
Social, Institutions and
Labour Statistics Field**

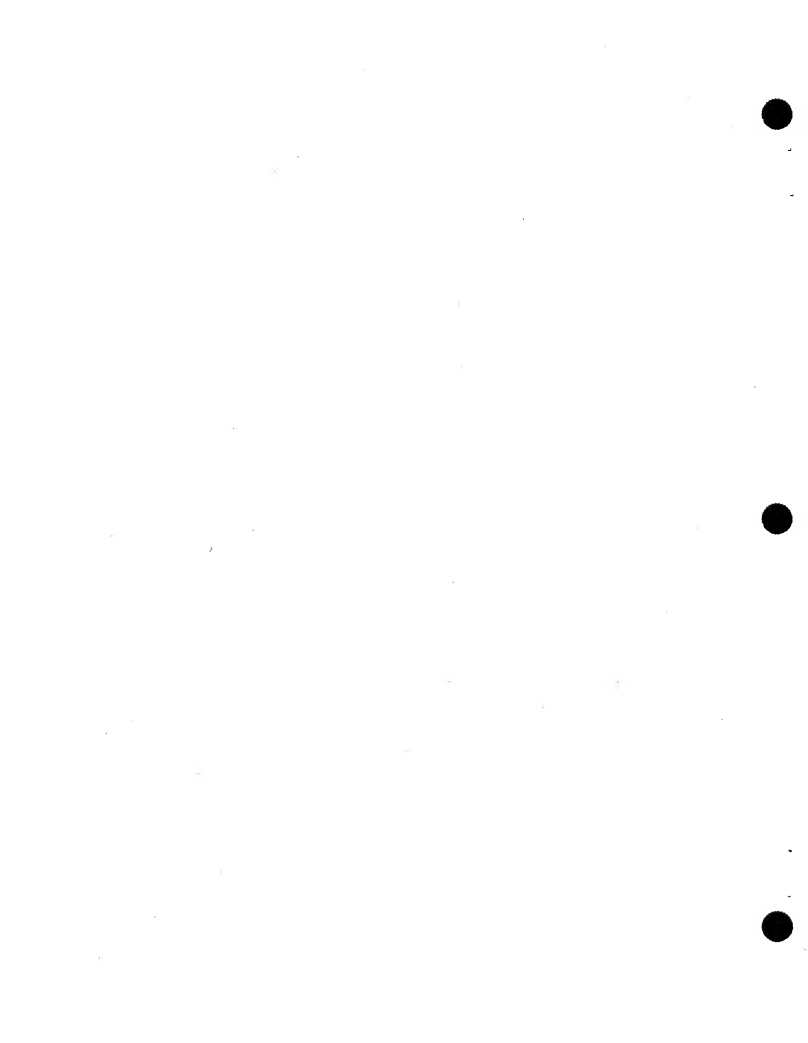
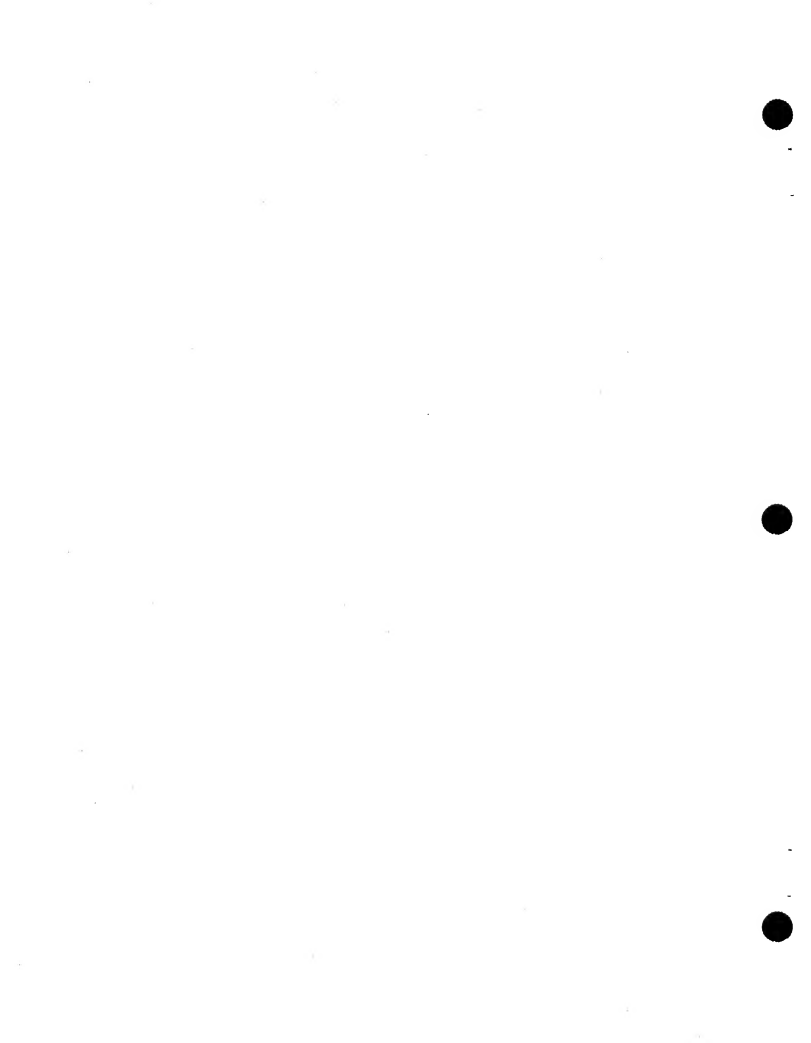


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The purpose of this manual is to provide you (the trainer) with detailed instructions that will enable you to conduct the DA III training program efficiently.

It is extremely important that you do everything possible to ensure that your trainees attain a high degree of knowledge and understanding of their tasks. In doing so, you will be creating a solid framework upon which you and your staff can operate as an efficient and effective processing team.

The manual is divided into four distinct parts:

- Part I, General Techniques of Instruction;
- Part II, Presentation and Training Session Sequence for Clerical Staff;
- Part III, Your Role as a Supervisor
 - A. The Automated Time Recording System (ATRS)
 - B. Supervision and Discipline
 - C. The Form Tracking System (FTS);
- Part IV, Answer Key.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A. Training Environment

In order for a training session to be effective, it is important that you provide your trainees with an environment which is as conducive as possible for receiving and understanding the training material and tasks. You can create this environment by applying the following suggestions in preparing for and presenting any of the training sessions:

1. Develop a thorough understanding of the subject.
2. Assemble all of the training materials and/or equipment as required (see "Checklist of Training Material and Equipment"). This should be done prior to the training session.
3. Ensure the training area is well organized by ensuring that each of the trainees have chairs, spare paper, pens and pencils.
4. Have sufficient light in the training area.
5. Ensure that the training area is at a comfortable temperature and free from external distractions as much as possible.

B. Suggestions for Good Implementation

There are some general instructions that relate to training as a whole rather than to any particular portion of the Head Office Processing (HOP) training programs. These are:

1. Introduce yourself at the beginning of the session.
2. Be punctual.
3. Be enthusiastic, confident and patient.
4. Speak clearly.
5. Always ensure that all trainees have fully understood the information they have received before proceeding to the next item of training.
6. During the question/answer periods, direct questions to specific trainees, rather than to the class as a whole.
7. Do not name the trainee to whom the question is directed until after the question has been asked.
8. Emphasize to your trainees that, if they do not know the answers to the questions directed to them, they should not be shy to say so. Perhaps the instructions (or questions) were ambiguous and, therefore, should be clarified. No matter how strange the questions are, you will and should try your best to answer.
9. Never be afraid to say "I don't know" when asked a question. You are not expected to remember everything. If you don't know, say so, and add: "I'll make a note of that and find out for you". Then ask your Assistant Processing Manager (APM) for an answer. If he/she doesn't know, he/she will find out for you.
10. Let trainees know that you are there to assist them as much as possible; encourage rather than discourage questions.
11. Make sure your trainees take their normal coffee breaks.
12. Thank trainees for their attention before adjourning a session.

C. Training Material

All the training material required for the DA III training program has been prepared for you. The program makes use of the following instructional techniques:

1. oral introduction of topics and review sessions;
2. transparency presentations;
3. self-instruction training guides;
4. practical exercises.

The training program has been designed with the intent of minimizing the amount of oral presentation to be given by you in favour of maximizing the degree of self-instruction by the trainee through the use of workbooks and exercises.

This type of self-instruction program, however, does not in any way lessen the importance of your role as a trainer. It changes, however, your role from that of a lecturer to that of a point of reference for the trainee from which he/she can receive guidance, assistance and encouragement as necessary. The self-instruction workbooks permit the trainee to develop, at his/her own pace, an understanding of the operation and to correct any misunderstandings about the subject without delay.

On the following two pages is a check-list of material and equipment required for the DA III training program. It is suggested that you place a check mark in the appropriate column as each item is obtained. Ensure that you have obtained all necessary materials and equipment before starting the training program.

D. Check-list of Training Material and Equipment**1. Room, Furniture and Equipment**

- * Reserved training area ☐
- * Required number of desks/tables ☐
- * Required number of chairs ☐
- * Overhead projector ☐

2. Manuals and Documentation

- * Transparencies for "DA III Overview" presentation ☐
- * Supply of H-902, Employee Handbook (1 per trainee) ☐
- * Supply of H-903, Introduction to Census and Head Office Processing (1 per trainee) ☐
- * Supply of Document Familiarization Kits (1 per team) including: ☐
 - 2A Questionnaire
 - 2B Questionnaire
 - 2C Questionnaire
 - 2D Questionnaire
 - Form 3, Individual Census Questionnaire
 - Form 4, Missing or Incomplete Questionnaire Card
 - Form 1, Visitation Record
 - Form RRC-318, RRC Shipment Invoice
 - Form RRC-317, Selected Person Document
 - Form RRC-319, Reverse Record Check Questionnaire
 - Form RRC-319A, Supplementary Record of Calls/Visits
 - Form H-332, Document Search Form (related to the phase of training that you are giving)
- * Supply of H-300A – Procedures Manual and TH-300A – Training Guide (1 per trainee) ☐

At a later date, when training for Phase 2:

Form H-332M, Match Form
Form H-332P, Processing Edit Form
Form H-332R, Rework Form

- * Supply of H-300B – Procedures Manual and TH-300B – Training Guide (1 per trainee) ☐

At a later date, when training for Phase 3:

Form RRC-320, Classification Form

- * Supply of H-300C – Procedures Manual and TH-300C – Training Guide (1 per trainee) ☐

- * DA III Supervisor Training Kit containing: ☐

H-903, Introduction to Census and Head Office Processing
H-301, Supervisor's Manual
TH-301, DA III – Supervisor's Training Guide

3. Systems

- * Ensure that all employees are registered in the ATRS. ☐

Note: If any problems occur with the ATRS, refer to your APM.

4. Miscellaneous

- * Supply of pencils, erasers and note pads ☐
- * Flip charts and stand ☐
- * Felt markers ☐

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A. List of Activities

1. Introduction to the Training Session
2. H-902, Employee Handbook
3. Recording the Hours Worked on the Form H-910, the Absences on the Leave Application and Absence Report and the Overtime on the Extra Duty Pay/Shift Work Report and Authorization Form
4. H-903, Introduction to Census and Head Office Processing
5. DA III Overview
6. The Reverse Record Check (RRC) Study

When conducting the DA III training program, you should follow these training instructions very carefully. They are designed, when followed step by step, to make it easier for you to include every aspect of the training efficiently.

Once all trainees have arrived and are seated, introduce yourself and the program.

1. Introduction to the Training Session

Good morning, welcome to the Census Operations Division, and specifically to Head Office Processing. My name is _____ and I will be your trainer for the next couple of days.

The operation that you have been assigned to is called DA III, Special Processing, Reverse Record Check (RRC) study. DA is an abbreviation of data analysis.

During this session, we will study your role as processing clerks for the Reverse Record Check study.

(Write "DA III - Special Processing, Reverse Record Check" on the flip chart.)

Here at HOP, there are three major operations:

(Write on flip chart.)

- DA I - Receipt, Registration and Storage
- DA II - Structural Checks and Edits
- DA III - Special Processing

Your training will include various methods of instruction such as presentations, self-instruction training guides, a transparency presentation and some on-the-job training. Interspersed throughout the program will be question/answer periods, multiple choice tests and practical exercises. At the end of this training period, we will take a tour or "walk through" of the HOP operation.

Always remember that I am here to assist you. Never hesitate to ask for clarification on any area that is not completely clear to you. If I do not know the answer, I will find out as soon as possible and get back to you.

Now is the time, during training, to ensure that you fully understand the DA III, RRC procedures.

2. H-902, Employee Handbook

(Hold up the Employee Handbook.)

Now we will have a review on the purpose of the Employee Handbook. Remember, if you have any questions, I will answer them at the end of the presentation.

REVIEW H-902, Employee Handbook

Before we go on, does anyone have any questions?

(If you cannot answer a question, make a note of the question and the trainee's name and obtain the answer later.)

Give trainees general information concerning:

1. starting and finishing times;
2. coffee breaks and lunch periods;
3. location of cafeteria;
4. location of washrooms;
5. location of Health Unit;
6. telephone number for receiving emergency calls;
7. location of public telephones;
8. how to record attendance, absence and overtime.

-
3. Recording the Hours Worked on the Form H-910, the Absences on the Leave Application and Absence Report and the Overtime on the Extra Duty Pay/Shift Work Report and Authorization Form
-

All employees must keep a personal record of their attendance at work on a daily basis. They will report the hours worked on the Form H-910 and get it approved every Friday before 9:30 a.m. Also all absences are to be reported on a Leave Application and Absence Report and the overtime worked on the Extra Duty Pay/Shift Work Report and Authorization Form.

Exercise 1: Complete the Form H-910

Elizabeth Moon, a clerk normally assigned to the RRC study under the supervision of Carl Baker, worked full time on the Edit Sample Study on Monday, Tuesday and Wednesday morning. Wednesday afternoon she returned to the RRC, Control Operation. On Thursday, she called in sick. Friday, she worked in the RRC study, Verification Operation, but had to leave at 3:30 p.m., because of her doctor's appointment. She came in Saturday from 8:15 a.m. to 11:30 a.m. and on Sunday from 1:00 p.m. to 2:30 p.m. Help this employee report her hours for the week starting on Monday, September 9, 1996.



1996 Census of Canada

**1996 Work Force
Report**

Recensement du Canada de 1996

**Rapport de l'effectif
de 1996**
**Form
Formule H-910**

Y - A M D - J

Week ending - Semaine se terminant le

Employee name - Nom de l'employé

Employee number - Numéro de l'employé

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|---|---|----------------|------------------------------------|--|---|
| | | | | 3 | 4 |
| Saturday Samedi | | | | | |
| | | | | | |
| Sunday Dimanche | | | | | |
| | | | | | |
| Monday Lundi | | | | | |
| | | | | | |
| Tuesday Mardi | | | | | |
| | | | | | |
| Wednesday Mercredi | | | | | |
| | | | | | |
| Thursday Jeudi | | | | | |
| | | | | | |
| Friday Vendredi | | | | | |
| | | | | | |
| Total week Total des heures pour la semaine | | | | | |

9-4800-96 1995-12-08

Supervisor - Surveillant


 Statistics
Canada

 Statistique
Canada

Canada

Complete the Leave Application and Absence Report

Government of Canada
Gouvernement du Canada

LEAVE APPLICATION AND ABSENCE REPORT
DEMANDE DE CONGÉ ET RAPPORT D'ABSENCE

| | | | | | | | | | | | | | |
|--|-------|---|---|--|---------|---|---|---------------|-----|-------|----|--------------------|--|
| Type of application / Genre de demande <input type="checkbox"/> Original or <input type="checkbox"/> Amendment to original Primaire ou <input type="checkbox"/> Modification de la demande | | If amendment, please indicate type of leave (code) and start date of original leave Si l'ajout d'une modification, veuillez indiquer le type de congé (code) et la date de la première demande | | TYPE OF LEAVE (CODE) TYPE DE CONGÉ (CODE) | | Date of original request Date de la première demande | | D | | M | | Y-A | |
| Surname (Print) / Nom de famille (non abrégé) | | | | First name / Prénom / Nom | | | | S.M. - S.M.S. | | | | | |
| Department / Ministère | | Branch / Division / Section / Direction / Division / Section | | | | Address / Adresse | | | | | | | |
| Type | Code | From - De | | | To - Au | | | Days | | at | | Hours and amounts | |
| | | Hour | D | M | Y-A | Hour | D | M | Y-A | Jours | ou | Heures et montants | |
| Vacation | 1 1 0 | : | : | : | : | : | : | : | : | : | : | : | |
| Sick (Uncertified) | 2 1 0 | : | : | : | : | : | : | : | : | : | : | : | |
| Sick with pay (with certificate) | 2 2 0 | : | : | : | : | : | : | : | : | : | : | : | |
| Sick without pay | 2 3 0 | : | : | : | : | : | : | : | : | : | : | : | |
| Maternity | 3 1 0 | : | : | : | : | : | : | : | : | : | : | : | |
| Compensatory | 8 1 0 | : | : | : | : | : | : | : | : | : | : | : | |
| FOR ALL OTHER LEAVE TYPES SEE REVERSE - VOIR AU VERSO POUR TOUT AUTRE TYPE DE CONGÉ | | | | | | | | | | | | | |
| Family related responsibilities | | : | : | : | : | : | : | : | : | : | : | : | |
| Other paid leave | | : | : | : | : | : | : | : | : | : | : | : | |
| Other unpaid leave | | : | : | : | : | : | : | : | : | : | : | : | |

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable collective agreement.
Pour tout autre type de congés, indiquez ci-dessous la (les) raison(s) et/ou citez l'article de la convention collective applicable.

| | | | |
|--|--|---|--|
| <p>I/We declare that I/we am/are fit to return to work on the date indicated above. Je/Nous déclarons que je/nous sommes aptes à retourner au travail à la date indiquée ci-dessus.</p> <p><input type="checkbox"/> Certified and attached Certifié et attaché</p> <p><input type="checkbox"/> To follow À suivre</p> <p><input type="checkbox"/> Previous submitted Précédemment soumis</p> | | <p>Recommended - Recommandé</p> <p>Supervisor's signature / Signature du superviseur</p> <p>Date</p> | |
| <p>Report of accident on duty Rapport relatif à un accident durant les heures de service</p> <p><input type="checkbox"/> Attached Attaché</p> <p><input type="checkbox"/> To follow À suivre</p> <p><input type="checkbox"/> Previously submitted Précédemment soumis</p> | | <p>Approved by authorized officer / Approuvé par l'agent autorisé</p> | |
| <p>Employee's signature / Signature de l'employé(e)</p> <p>Date</p> | | <p>Signature</p> <p>Date</p> | |
| <p>Leave Code Code de congé</p> <p>Code</p> <p>Hours Heures</p> | | <p>Leave recorded Congé enregistré</p> <p>Pay form (if applicable) Formulaire de paie (au besoin)</p> | |
| <p>Employee's signature / Signature de l'employé(e)</p> <p>Date</p> | | <p>Int.</p> <p>Date</p> | |

Complete the overtime worked on the Extra Duty Payshift Work Report and Authorization Form

| Government of Canada / Gouvernement du Canada | | EXTRA DUTY PAY/SHIFT WORK REPORT AND AUTHORIZATION | | RAPPORT SUR LA PAYSÉ POUR SERVICES SUPPLÉMENTAIRES/TRAVAIL PAYSÉ ÉQUIPE ET AUTORISATION | | Month / Mois | | Year / Année | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------|---|-----------|--|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Section (Title) / Nom du service (en français) | | Initials / Initiales | PHI / OUP | Branch / Division / Unité | | Pay / P. / Salaire de base | Days / Jours | Shift / Quartier | Shift group / Groupe / Équipe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> Standard Work Week / Semaine de travail normale</p> <p><input type="checkbox"/> Compressed Work Week / Semaine de travail variable</p> <p><input type="checkbox"/> Part Time / Temps partiel</p> <p><input type="checkbox"/> Assigned Truck Worker / Remorqueur ou autre désigné</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The information you provide on this document is collected by the Government of Canada under the authority of the Financial Administration Act for the purpose of making a payroll and benefits. Financial information will be protected under the provisions of the Privacy Act. Financial information that you provide about another individual may be considered to be sensitive information. Financial information will be used in the Financial Administration Act for the purpose of making a payroll and benefits. Other information may be considered or protected as sensitive information under the provisions of the Access to Information Act.</p> <p>Les renseignements que vous fournissez dans ce document sont recueillis par le Gouvernement du Canada en vertu de la Loi sur l'administration financière à des fins de paie et de prestations de retraite. Les renseignements personnels que vous fournissez en vertu de la Loi sur la protection des renseignements personnels, les renseignements personnels que vous fournissez au sujet d'un autre individu peuvent être considérés comme des renseignements personnels. Les renseignements personnels que vous fournissez au sujet d'un autre individu peuvent être considérés comme des renseignements personnels en vertu de la Loi sur l'accès à l'information.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION A (to be completed by employee - À compléter par l'employé) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Overtime worked in shifts / Overtime travaillée en équipes | Code / Code | Shift / Quartier | Start / Début | End / Fin | Overtime worked in shifts / Overtime travaillée en équipes | Pay / P. / Salaire de base | Overtime / Number of hours worked or traveled / Heures supplémentaires / Nombre d'heures / Travail effectué ou voyagé | | | | | | | | | | | | Shift / Quartier | | Shift group / Groupe / Équipe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 1st day of overtime / 1er jour d'heure supplémentaire | 2nd day of overtime / 2e jour d'heure supplémentaire | 3rd day of overtime / 3e jour d'heure supplémentaire | 4th day of overtime / 4e jour d'heure supplémentaire | 5th day of overtime / 5e jour d'heure supplémentaire | 6th day of overtime / 6e jour d'heure supplémentaire | 7th day of overtime / 7e jour d'heure supplémentaire | 8th day of overtime / 8e jour d'heure supplémentaire | 9th day of overtime / 9e jour d'heure supplémentaire | 10th day of overtime / 10e jour d'heure supplémentaire | 11th day of overtime / 11e jour d'heure supplémentaire | 12th day of overtime / 12e jour d'heure supplémentaire | 13th day of overtime / 13e jour d'heure supplémentaire | 14th day of overtime / 14e jour d'heure supplémentaire | 15th day of overtime / 15e jour d'heure supplémentaire | 16th day of overtime / 16e jour d'heure supplémentaire | 17th day of overtime / 17e jour d'heure supplémentaire | 18th day of overtime / 18e jour d'heure supplémentaire | 19th day of overtime / 19e jour d'heure supplémentaire | 20th day of overtime / 20e jour d'heure supplémentaire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 1.0 | 2.0 | 3.0 | 4.0 | 5.0 | 6.0 | 7.0 | 8.0 | 9.0 | 10.0 | 11.0 | 12.0 | 13.0 | 14.0 | 15.0 | 16.0 | 17.0 | 18.0 | 19.0 | 20.0 | 21.0 | 22.0 | 23.0 | 24.0 | 25.0 | 26.0 | 27.0 | 28.0 | 29.0 | 30.0 | 31.0 | 32.0 | 33.0 | 34.0 | 35.0 | 36.0 | 37.0 | 38.0 | 39.0 | 40.0 | 41.0 | 42.0 | 43.0 | 44.0 | 45.0 | 46.0 | 47.0 | 48.0 | 49.0 | 50.0 | 51.0 | 52.0 | 53.0 | 54.0 | 55.0 | 56.0 | 57.0 | 58.0 | 59.0 | 60.0 | 61.0 | 62.0 | 63.0 | 64.0 | 65.0 | 66.0 | 67.0 | 68.0 | 69.0 | 70.0 | 71.0 | 72.0 | 73.0 | 74.0 | 75.0 | 76.0 | 77.0 | 78.0 | 79.0 | 80.0 | 81.0 | 82.0 | 83.0 | 84.0 | 85.0 | 86.0 | 87.0 | 88.0 | 89.0 | 90.0 | 91.0 | 92.0 | 93.0 | 94.0 | 95.0 | 96.0 | 97.0 | 98.0 | 99.0 | 100.0 |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overtime Authorization / Autorisation d'heure supplémentaire | | | | | | | | I attest to the validity of the overtime worked as indicated on this form. / Je certifie la validité des heures supplémentaires déclarées comme indiqué sur cette feuille. | | | | | | | | | | | | Certified pursuant to Section 74 of the Financial Administration Act / Certifié en vertu de l'article 74 de la Loi sur l'administration financière | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor's Signature - Signature du superviseur | | | | | | | | Employee's Signature - Signature de l'employé | | | | | | | | | | | | Date | | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Proceed now by reviewing the H-903, Introduction to Census and Head Office Processing

4. H-903, Introduction to Census and Head Office Processing

(Hold up the Introduction to Census and Head Office Processing manual.)

The presentation entitled "Census and Head Office Processing" gave you some information on what a census is and how Statistics Canada takes a census.

Does anyone have any questions?

(If you cannot answer a question, make a note of the question and the trainee's name and obtain the answer later.)

Let's review the materials you will encounter while working on the Reverse Record Check.

(i) 2A and 2B questionnaires

(Show a 2A questionnaire.)

The 2A questionnaire is a short questionnaire and is used to enumerate 4/5 of all the private dwellings in a given enumeration area (EA).

(Show a 2B questionnaire.)

The 2B questionnaire is a long questionnaire and is used to enumerate 1/5 of all the private dwellings in a given enumeration area. Collective dwellings will also be identified in this questionnaire.

(ii) Visitation records (VRs) and VR Library

(Show a VR.)

The VR is used to list:

- every private dwelling (occupied and unoccupied) = Section I
- every collective dwelling (occupied and unoccupied) = Section II
- every agricultural holding in an EA = Section III

Each VR is identified by a PROV/FED/EA/VN number and this identification number (ID) is identical to the number on the EA box.

All the VRs are located in the VR Library according to the PROV/FED/EA/VN number, from east to west and are in ascending order.

(iii) EA box

(Make a mock-up of a box.)

EA boxes are located in the basement. Access hours to this restricted area are from Monday to Friday, 7:30 a.m. to 4:00 p.m.

EA boxes are placed on shelves following the PROV/FED/EA/VN number. They are in ascending order from left to right and from top to bottom.

We will now have a brief introduction to DA III and its operations.

5. DA III Overview

The following slides have been prepared to provide your clerks with a brief introduction to the DA III operation.

Please have a pencil and paper handy in case you wish to make notes or ask questions.

(At this point, dim the lights and begin the presentation.)

| SLIDE | SUGGESTED COMMENTS |
|--------------------------------|--|
| 1. DA III | <p>DA, standing for data analysis, is the search for inconsistencies of the captured census data by HOP.</p> <p>As you know, you will be part of the DA III phase of Head Office Processing (HOP).</p> |
| 2. DA III – Special Processing | <p>The DA III – Special Processing is responsible for the processing of several data quality studies.</p> <p>DA III – Special Processing is composed of several other studies:</p> <ul style="list-style-type: none">- Reverse Record Check (RRC) study;<ul style="list-style-type: none">• Automated Match study;• Collective Dwelling study;- Vacancy Check study;- Edit Sample study;- Outgoing Error Rate study (Industry and Occupation);- Roster Coverage study; and- 2Cs and Ships. <p>The work performed involves both manual and automated processing.</p> <p>You will be involved in the largest study, the RRC study.</p> |

6. The Reverse Record Check (RRC) Study

| SLIDE | SUGGESTED COMMENTS |
|---|--|
| 1. RRC study | The RRC main objective is to provide estimates of population and household undercoverage and overcoverage, that is, the number of persons and households missed in the 1996 Census, and the number counted more than once. |
| 2. RRC phases | There are three processing phases, that is: <ul style="list-style-type: none">- Initial Search (Phase 1);- Edits and Reworks (Phase 2); and- Classification (Phase 3). |
| 3. Initial Search (Phase 1) | It consists of verifying census questionnaires to locate the Selected Person (SP) and any other household members. |
| 4. Edits and Reworks (Phase 2) | It consists of editing invalid or inconsistent data from Phase 1; researching unresolved addresses from Phase 1 to determine a search area; searching visitation records and subsequently verifying census questionnaires to determine if the SP and/or household members were enumerated at that address. |
| 5. Classification (Phase 3) | To come |
| 6. Phase 1 operations | Control; Clean-up; Visitation Record (VR) Search and Verification |
| 7. Phase 2 operations | Control; Referral; VR Search and Verification |
| 8. Phase 3 operations | To come |
| 9. Phase 1, forms involved | Form RRC-317/Form RRC-319 Form H-332 |
| 10. Phase 2, forms involved | Form H-332M Form H-332P Form H-332R |
| 11. Phase 3, form involved | Form RRC-320 |
| 12. The Form Tracking System (FTS), version 2.0 | This system is specifically designed for the DA III - Special Processing. It will be used in the Reverse Record Check study. The FTS tracks questionnaires and forms as they move between operations and manual form processing activities. |

Phase 1. Initial SearchIntroduction

(Hold up the H-300A – Procedures Manual and the TH-300A – Training Guide.)

The TH-300A, Training Guide, is used with the H-300A, Procedures Manual. The TH-300A, Training Guide, will refer you to a section in the H-300A, Procedures Manual. Once you have read the section, you will complete the exercises in the TH-300A, Training Guide. Please start by reading the training objectives on page 1 of the TH-300A, Training Guide and then continue with the Introduction on page 5. Once you have completed the exercises, I will review them with you.

(Refer to H-300A, Procedures Manual, p. 1 - 3 and to TH-300A, Training Guide, p. 5 - 6.)

Description of Documents

(Hold up the forms package.)

Each of you should have a package of the forms that you will be using during Phase 1. As you read the description of the documents, refer to the actual form.

(Refer to H-300A, Procedures Manual, p. 5 - 12 and to TH-300A, Training Guide, p. 9 - 15.)

Control

The Control Operation forms the integral point in the overall work flow. Various questionnaires and forms are processed in this operation. We will now proceed by completing the various exercises and review them together.

(Refer to H-300A, Procedures Manual, p. 15 - 22 and to TH-300A, Training Guide, p. 19 - 21.)

Clean-up

In the Clean-up Operation, clerical staff will compare all addresses on a Form H-332 and identify if it is an out-of-scope or a duplicate address. Complete the exercises in your training manual. Once you have completed these exercises, we will review them together.

(Refer to H-300A, Procedures Manual, p. 25 - 27 and to TH-300A, Training Guide, p. 23 - 24.)

VR Search

The VR Search staff will perform manual searches in the visitation records (VRs) to locate various information related to the SP, another household member or another adult. Complete the exercises in your training guide, we will review them together once you have completed them.

(Refer to H-300A, Procedures Manual, p. 29 - 35 and to TH-300A, Training Guide, p. 27 - 45.)

Verification

The Verification Operation staff will compare the information on the Forms H-332 with the corresponding census questionnaires and code the results on the Forms H-332. Complete the next exercises in your training guide. Once you have completed them, we will review them together.

(Refer to H-300A, Procedures Manual, p. 37 - 40 and to TH-300A, Training Guide, p. 47 - 54.)

Final Review of Phase 1, Initial Search

You will find a simulation exercise at the end of your training guide to permit you to apply all the theories in your procedures manual, H-300A. Complete this exercise. You can refer to your H-300A, Procedures Manual, as often as you need. Once you have finished this simulation, we will thoroughly review this exercise.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A. The Automated Time Recording System (ATRS)

As a supervisor, you are required to register your staff's work hours in an automated system. It will permit the calculation of information relating to the number of hours worked for each of the various operations.

Exercise 2: The ATRS

You are the Control Operation Supervisor, your name is John Doe. You have six employees under your supervision. The following forms are your own Form H-910 and your employees' Forms H-910 submitted to you for your approbation and completion of the ATRS. Complete the missing information in the following ATRS screens.

Refer to your H-301, Supervisor's Manual, from pages 22 to 27 and also to Appendix 4, Program element and Phase codes, from the same manual.



1996 Census of Canada

1996 Work Force
Report

Recensement du Canada de 1996

Rapport de l'effectif
de 1996Form
Formule H-910

Y-A M D-J

Week ending - Semaine se terminant le 9/6/10/18

Employee name - Nom de l'employé

JOHN DOE

Employee number - Numéro de l'employé

18972

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | | Overtime hours Heures supplémentaires | |
|--|---|----------------|------------------------------------|------|--|--|
| | | | 3 | 4 | | |
| Saturday Samedi | 2151416 | 010101110 | | 1.50 | | |
| Sunday Dimanche | | | | | | |
| Monday Lundi | 9191512 | | 7.50 | | | |
| Tuesday Mardi | 2151416 | 010101110 | 7.50 | | | |
| Wednesday Mercredi | 2151416 | 010101110 | 7.50 | | | |
| Thursday Jeudi | 9191919 | 010101110 | 7.50 | | | |
| Friday Vendredi | 2151416 | 010101110 | 7.50 | | | |
| Total week Total des heures pour la semaine | | | 37.50 | 1.50 | | |

B-4900-34: 1995-12-08

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1996 Census of Canada

1996 Work Force
Report

Recensement du Canada de 1996

Rapport de l'effectif
de 1996Form
Formule H-910Week ending - Semaine se terminant le 9/6/10/11/8
Y-A M D-JEmployee name - Nom de l'employé CLEMENT CAYEREmployee number - Numéro de l'employé 19854

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|--|---|-------------------|------------------------------------|--|---|
| | | | | 3 | 4 |
| Saturday Samedi | | | | | |
| | | | | | |
| Sunday Dimanche | | | | | |
| | | | | | |
| Monday Lundi | 9 19 15 12 | | 7.50 | | |
| | | | | | |
| Tuesday Mardi | 2 15 14 16 | D 19 10 10 1 1 10 | 7.50 | | |
| | | | | | |
| Wednesday Mercredi | 2 15 14 16 | D 19 10 10 1 1 10 | 4.00 | | |
| | 2 15 14 17 | D 19 10 10 1 1 15 | 3.5 | | |
| Thursday Jeudi | 2 15 14 16 | D 19 10 10 1 1 12 | 7.5 | | |
| | 2 15 14 16 | D 19 10 10 1 1 10 | | 1.50 | |
| Friday Vendredi | 9 19 19 19 | D 19 10 10 1 1 10 | 0.50 | | |
| | 2 15 14 16 | D 19 10 10 1 1 10 | 7.00 | | |
| Total week Total des heures pour la semaine | | | 37.5 | 1.50 | |

8-4820-34: 1995-12-08

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Recensement du Canada de 1996

Rapport de l'effectif
de 1996Form
Formule H-910Week ending - Semaine se terminant le 19/11/96
Y-A M D-J

Employee name - Nom de l'employé

Lina Romaneff

Employee number - Numéro de l'employé

16590

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|--|---|-----------------|------------------------------------|--|---|
| | | | | 3 | 4 |
| Saturday Samedi | | | | | |
| | | | | | |
| Sunday Dimanche | | | | | |
| | | | | | |
| Monday Lundi | 9 19 15 12 | | 7.5 | | |
| | | | | | |
| Tuesday Mardi | 2 15 14 16 | DIQ 10 10 11 10 | 7.5 | | |
| | | | | | |
| Wednesday Mercredi | 2 5 14 16 | DIQ 10 10 11 10 | 7.5 | | |
| | | | | | |
| Thursday Jeudi | 2 15 14 16 | DIQ 10 10 11 10 | 7.5 | | |
| | | | | | |
| Friday Vendredi | 2 15 14 16 | DIQ 10 10 11 10 | 7.5 | | |
| | | | | | |
| Total week Total des heures pour la semaine | | | 37.5 | | |

6-4000-94: 1995-12-08

Supervisor - Surveillant

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1996 Census of Canada

1996 Work Force
Report

Recensement du Canada de 1996

Rapport de l'effectif
de 1996Form H-910
FormuleWeek ending - Semaine se terminant le 9-10-18
X-A M D-JEmployee name - Nom de l'employé CARRIE MELLEGANEmployee number - Numéro de l'employé

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|--|---|-----------------|------------------------------------|--|---|
| | | | | 3 | 4 |
| Saturday Samedi | | | | | |
| Sunday Dimanche | | | | | |
| Monday Lundi | 9 9 15 12 | | 7.50 | | |
| Tuesday Mardi | 2 5 14 16 | 0 1 0 1 0 1 1 0 | 7.50 | | |
| Wednesday Mercredi | 2 5 14 16 | 0 1 0 1 0 1 1 0 | 7.50 | | |
| Thursday Jeudi | 2 5 14 16 | 0 1 0 1 0 1 1 0 | 7.50 | | |
| Friday Vendredi | 2 5 14 16 | 0 1 0 1 0 1 1 0 | 7.50 | | |
| Total week Total des heures pour la semaine | | | 37.5 | | |

8-4600-94: 1985-12-08

Supervisor - Surveillant

Statistics
Canada

Canada



1996 Census of Canada
1996 Work Force
Report

Recensement du Canada de 1996
Rapport de l'effectif
de 1996

Form
Formule H-910

Week ending - Semaine se terminant le

26/28/96

Employee name - Nom de l'employé

P. De Franco

Employee number - Numéro de l'employé

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|---|---|----------------|------------------------------------|--|------|
| | | | | 3 | 4 |
| Saturday Samedi | | | | | |
| Sunday Dimanche | 21546 | DQ00110 | | | 3.00 |
| Monday Lundi | | | | | |
| Tuesday Mardi | 91919 | DQ00110 | 7.50 | | |
| Wednesday Mercredi | 21546 | DQ00111 | 3.50 | | |
| | 21546 | DQ00112 | 4.00 | | |
| Thursday Jeudi | 21546 | DQ00110 | 7.50 | | |
| | | | | | |
| Friday Vendredi | 21546 | DQ00110 | 7.50 | | |
| | | | | | |
| Total week Total des heures pour la semaine | | | 37.5 | | 3.00 |

B-4800-34: 1995-12-06

Supervisor - Surveillant



Statistics
Canada

Statistique
Canada

Canada



1996 Census of Canada

1996 Work Force
Report

Recensement du Canada de 1996

Rapport de l'effectif
de 1996Form H-910
Formule

Week ending - Semaine se terminant le 26/10/18

Employee name - Nom de l'employé Richard, NoémieEmployee number - Numéro de l'employé 14896

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|--|---|-----------------|------------------------------------|--|------|
| | | | | 3 | 4 |
| Saturday Samedi | 2 5 4 6 | D 1 Q 0 0 1 1 0 | | 1.5 | |
| Sunday Dimanche | 2 5 4 6 | D 1 Q 0 0 1 1 1 | | | 1.75 |
| Monday Lundi | 9 9 5 2 | | 7.50 | | |
| Tuesday Mardi | 2 5 4 6 | D 1 Q 0 0 1 1 0 | 7.5 | | |
| Wednesday Mercredi | 2 5 4 6 | D 1 Q 0 0 1 1 0 | 7.5 | | |
| Thursday Jeudi | 2 5 4 6 | D 1 Q 0 0 1 1 0 | 7.5 | | |
| Friday Vendredi | 2 5 4 6 | D 1 Q 0 0 1 1 0 | 7.5 | | |
| Total week Total des heures pour la semaine | | | 37.5 | 3 | 1.75 |

6-4800-94: 1995-12-08

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1996 Census of Canada

1996 Work Force
Report

Recensement du Canada de 1996

Rapport de l'effectif
de 1996Form
Formule H-910

Week ending - Semaine se terminant le 9/6/10/18

Employee name - Nom de l'employé

Isabelle Dupresne

Employee number - Numéro de l'employé

13598

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|--|---|-----------------|------------------------------------|--|---|
| | | | | 3 | 4 |
| Saturday Samedi | | | | | |
| Sunday Dimanche | | | | | |
| Monday Lundi | 9 9 5 2 | | 7.50 | | |
| | | | | | |
| Tuesday Mardi | 2 5 4 6 | D 1 Q 1 0 1 1 0 | 7.50 | | |
| | | | | | |
| Wednesday Mercredi | 2 5 4 6 | D 1 Q 1 0 1 1 0 | 7.50 | | |
| | | | | | |
| Thursday Jeudi | 2 1 0 2 0 | H 1 0 1 0 1 1 1 | 7.50 | | |
| | | | | | |
| Friday Vendredi | 2 1 0 2 0 | H 1 0 1 0 1 1 1 | 4 | | |
| | 2 5 4 6 | D 1 Q 1 0 1 1 0 | 3.50 | | |
| Total week Total des heures pour la semaine | | | 37.50 | | |

9-4800-94: 1995-12-08

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ATRS
Weekly Work Report

Emp. No.:

Name:

FRC: 84300

Week Ending:

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 40.00

| PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|--------------------|-------|-----------|-------|------------|-------|---------|
| 1 9952 | | | 8 | | 7.50 | 7.50 |

ATRS
Weekly Work Report

Emp. No.:

Name:

FRC: 84300

Week Ending:

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 40.00

| PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|--------------------|-------|-----------|-------|------------|-------|---------|
| 1 9952 | | | 8 | | 7.50 | 7.50 |

ATRS
Weekly Work Report

Emp. No.:
Name:
FRC: 84300
Week Ending:
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 40.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|-------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |

ATRS
Weekly Work Report

Emp. No.:
Name:
FRC: 84300
Week Ending:
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 40.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|-------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |

ATRS
Weekly Work Report

Emp. No.:

Name:

FRC: 84300

Week Ending:

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 40.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|-------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |

ATRS
Weekly Work Report

Emp. No.:

Name:

FRC: 84300

Week Ending:

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 40.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|-------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |

ATRS
Weekly Work Report

Emp. No.:

Name:

FRC: 84300

Week Ending:

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 40.00

| PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|--------------------|-------|-----------|-------|------------|-------|---------|
| 1 9952 | | | 8 | | 7.50 | 7.50 |

B. Supervision and Discipline

Your first role as a supervisor is to supervise clerical staff and to ensure that the work flow of the processing operations is effective and efficient. If needed, in order to maintain a suitable working environment, you must discipline and control your staff in accordance with established procedures.

Exercise 3: General Questions

You will find an answer key to this exercise at the end of the guide.

Question 1: One of your clerks asks you a question on the operations of the DA III unit. You cannot answer his/her question. How would you deal with this situation?

Question 2: One of your clerks is very slow. Consequently, you do not meet the production standards set for your operation. How would you deal with this situation?

Question 3: One employee is very fast and consequently his/her production surpasses the average individual quotas. However, sometimes the quality of his/her work is poor. How would you deal with this situation?

Question 4: Name five things you need or have to think of, in order to give an appropriate training session.

Question 5: One of your employees has been working for five weeks now and still has not received a pay check. He/she comes to you and starts telling you about his/her financial situation. He/She is a single parent with two children of the age of 7 and 9, has to pay his/her lease, car payments, and the usual bills: telephone, electricity, kindergarten... What would you do?

Question 6: One of your employees is constantly leaving to go to the washroom. However, when he/she comes back, you have sometimes noticed that he/she smells nicotine. What would you do?

Question 7: An employee is using obscene language in the work place each time you assign a task that he/she does not like to do. He/She reacts in a very negative way. Which of the answers below would you choose?

- (a) Advise him/her verbally not to use obscene language. If it still persists, write a note, get him/her to sign it, place it in his/her personal file and provide your Assistant Processing Manager with a copy.
- (b) Ask him/her what he/she likes to do and only give him/her what he/she likes to do.
- (c) Advise him/her verbally not to use obscene language. If it still persists, write a note, get him/her to sign it, place it in his/her personal file and provide your Assistant Processing Manager with a copy. Moreover, explain to him/her that this was the contract offered, and if he/she is not willing to accomplish the required tasks, he/she may put an end to the contract. Failure to achieve satisfactory performance may result in the termination of the employee's contract.

Operational Question

Question 8: What are the main studies in HOP? Give a brief description of their use and their goals in DA III.

C. The Form Tracking System (FTS)

As a supervisor, you will always be responsible for ensuring the proper routing of all forms entering in your operation. This will permit to track down where is a form, who has worked on it and what was done and not done on this form.

Exercise 4: The FTS

You are assigned to the Verification Operation as the Supervisor. This morning you had a pile of Forms H-332C in which a couple of Forms H-332D were inserted. Describe how you would process these forms.

NOTES

[illegible]

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Answer key for *Exercise 1, Complete the Form H-910, the Leave Application and Absence Report and the overtime worked on the Extra Duty Pay/Shift Work Report and Authorization Form, Section II, Presentation and Training Session Sequence for Clerical Staff*



1996 Census of Canada

**1996 Work Force
Report**

Recensement du Canada de 1996

**Rapport de l'effectif
de 1996**
**Form
Formule H-910**

 Week ending - Semaine se terminant le 9 16 09 10 17
Employee name - Nom de l'employé ELIZABETH MODNEmployee number - Numéro de l'employé

| | Program element Élément de programme | Phase Étape | Regular hours Heures régulières | Overtime hours Heures supplémentaires | |
|--|---|-----------------|------------------------------------|--|-----|
| | | | | 3 | 4 |
| Saturday Samedi | 2 1 5 1 4 1 6 | D 1 0 1 0 1 1 0 | | 3.25 | |
| | | | | | |
| Sunday Dimanche | 2 1 5 1 4 1 6 | D 1 0 1 0 1 1 0 | | | 1.5 |
| | | | | | |
| Monday Lundi | 1 1 9 1 8 1 0 | D 1 0 1 0 1 1 6 | 2.5 | | |
| | | | | | |
| Tuesday Mardi | 1 1 9 1 8 1 0 | D 1 0 1 0 1 1 6 | 2.5 | | |
| | | | | | |
| Wednesday Mercredi | 1 1 9 1 8 1 0 | D 1 0 1 0 1 1 6 | 4.0 | | |
| | 2 1 5 1 4 1 6 | D 1 0 1 0 1 1 0 | 3.5 | | |
| Thursday Jeudi | 9 1 9 1 9 1 9 | D 1 0 1 0 1 1 0 | 2.5 | | |
| | | | | | |
| Friday Vendredi | 2 1 5 1 4 1 6 | D 1 0 1 0 1 1 2 | 6.5 | | |
| | 9 1 9 1 9 1 9 | D 1 0 1 0 1 1 2 | 1.0 | | |
| Total week Total des heures pour la semaine | | | 37.5 | 3.25 | 1.5 |

5-4600-04: 1996-12-06


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LEAVE APPLICATION AND ABSENCE REPORT
DEMANDE DE CONGÉ ET RAPPORT D'ABSENCE

Type of application - Genre de demande
☒ Original or Modification de la première demande
☐ Amendment to original
 If amendment, please indicate type of leave applied and start date of original request
 Si ajout d'une modification, veuillez indiquer le type de congé appliqué et la date de la première demande
 TYPE OF LEAVE (CODE) TYPE DE CONGÉ (CODE) Date of original request Date de la première demande
 D/J M Y/A

Employee (Print) - Nom de l'employé et fonction
 MCGN
 Given name / Prénom / Nom
 ELIZABETH
 Address / Adresse
 1822 59
 Department - Division Branch / Division / Section Direction / Division / Section
 STC CDD TUNNEY'S PASTURE

| Type | Code | From - Du | | | | To - À | | | | Days Jours | Off OU | Hours and details Heures et détails |
|--|------|---------------|-----|----|-----|---------------|-----|----|-----|---------------|-----------|--|
| | | Hour Heure | D/J | M | Y/A | Hour Heure | D/J | M | Y/A | | | |
| Vacation Vacances | 1110 | : | : | : | : | : | : | : | : | : | : | : |
| Sick (Uncertified) Congé de maladie (sans certificat) | 2110 | : | : | : | : | : | : | : | : | : | : | : |
| Sick certified Congé de maladie (avec certificat) | 2210 | : | : | : | : | : | : | : | : | : | : | : |
| Sick without pay Congé de maladie non payé | 2310 | 08:15 | 112 | 09 | 916 | 11:30 | 112 | 09 | 916 | : | : | 17:50 |
| Perish Congé d'achèvement | 3110 | : | : | : | : | : | : | : | : | : | : | : |
| Compensatory Compensatoire | 8110 | : | : | : | : | : | : | : | : | : | : | : |

FOR ALL OTHER LEAVE TYPES SEE REVERSE - VOIR AU VERSO POUR TOUT AUTRE TYPE DE CONGÉ

Family related responsibilities
Obligations familiales
 Other paid leave
Autre congé payé
 Leave without pay
Congé non payé

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable collective agreement.
 Pour tout autre type de congé, indiquez ci-dessous la (les) raison(s) et/ou citez l'article de la convention collective applicable.

He was sick. Medical certificate. her personal file.

Sick leave declaration: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated.
 Déclaration de congé de maladie: Je déclare sur mon honneur avoir été incapable, par suite de maladie ou de blessure, de remplir les fonctions de mon poste durant toute la période d'absence pour laquelle je demande un congé.
 Physiciens certificate form H-W 500 - certificat médical, formule SBS 600.

☐ Completed and attached
Rempli et annexé
☐ Unobtainable - statement attached
Impossible à obtenir - déclaration annexée

☐ To follow
À suivre

Recommended - Recommandé
 C. Lee
 Supervisor's signature - Signature du superviseur
 Date 8/13/96

Report of accident on duty
Rapport relatif à un accident durant les heures de service
☐ Attached
Annexé
☐ To follow
À suivre
☐ Previously submitted
Déjà soumis antérieurement

Approved by authorized officer - Approuvé par l'agent autorisé

Signature Date

Leave Credits
Solde de congés
Code Code
Hours Heures
Leave recorded
Congé enregistré
 Int. Date Int. Date Int. Date

Pay form (if applicable)
Formulaire de paie (au besoin)

Employee's signature - Signature de l'employé(e)
 Elizabeth Moon
 Date 8/13/96

Request leave as stated above
Je demande un congé pour la raison indiquée ci-dessus
 Compensated work week
Semaine de travail compensée
☐ Yes
Oui
☐ No
Non

Employee's signature - Signature de l'employé(e)
 Date



Government of Canada

Gouvernement du Canada

LEAVE APPLICATION AND ABSENCE REPORT
DEMANDE DE CONGÉ ET RAPPORT D'ABSENCE

Type of application - Genre de demande
☒ Original or Renewal of previous demand / ☐ Amendment to original / Modification de la précédente demande

I am requesting, please indicate type of leave needed and start date of original request / Je demande, veuillez indiquer le type de congé demandé et la date de la première demande
 TYPE OF LEAVE (CODE) / TYPE DE CONGÉ (CODE) 1 Date of original request / Date de la première demande 11/18/21 DU M Y-A

Supervisor (Print) - Nom de la personne responsable ELIZABETH Address / Adresse 118212541

Department - Ministère STC Branch / Section COD Division / Division TUNNEY'S PASTURE

| Type | Code | From - De | | | | | To - Au | | | | | Days Off / Jours | Hours and discharges / Heures et décharges |
|---|------|---------------|-----|----|-----|---------------|---------|----|-----|---|---|------------------|--|
| | | Hour / Heures | DU | M | Y-A | Hour / Heures | DU | M | Y-A | | | | |
| Accident / Accidents | 1110 | : | : | : | : | : | : | : | : | : | : | : | : |
| Sick (Uncertified) / Jargé de maladie (sans certificat) | 2110 | : | : | : | : | : | : | : | : | : | : | : | : |
| Sick certified / Jargé de maladie (avec certificat) | 2120 | : | : | : | : | : | : | : | : | : | : | : | : |
| Sick without pay / Jargé de maladie non payé | 2300 | 13:30 | 113 | 09 | 916 | 04:30 | 113 | 09 | 916 | : | : | 11 | 091 |
| Maternity / Jargé d'accouchement | 3110 | : | : | : | : | : | : | : | : | : | : | : | : |
| Compensatory / Compensatoire | 8110 | : | : | : | : | : | : | : | : | : | : | : | : |

FOR ALL OTHER LEAVE TYPES SEE REVERSE - VOIR AU VERSO POUR TOUT AUTRE TYPE DE CONGÉ

Family related responsibilities / Responsabilités familiales

Other paid leave / Autre congé payé

Sick without pay / Jargé non payé

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable collective agreement.
 Pour tout autre type de congé, indiquez ci-dessous la (les) raison(s) et/ou citez l'article de la convention collective applicable.

Doctor's appointment

I am declaring: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated.
 Je déclare: Je déclare sur mon honneur avoir été incapable, par suite de maladie ou de blessure, de remplir les fonctions de mon poste durant toute la période d'absence pour laquelle (s) je demande un congé.

Physician certificate form N4W 500 - certificat médical, formule S85 500.

- ☒ Completed and attached / Rempli et annexé ☐ To follow / À suivre
☐ Uncollectible - statement attached / Impécuniable - déclaration annexée

Elizabeth Moon *Sept 13 '24*
 Employee signature - Signature de l'employé(e) Date

request leave as stated above / je demande un congé pour le raison indiquée ci-dessus
 requested work was / travail demandé

- ☐ Yes ☐ No ☐ No

Employee's signature - Signature de l'employé(e)

Recommended - Recommandé

C. Lee *Sept 13 '24*
 Supervisor's signature - Signature du superviseur Date

Report of accident on duty / Rapport relatif à un accident durant les heures de service

- ☐ Attached / Annexé ☐ To follow / À suivre ☐ Previously submitted / Soumis antérieurement

Approved by authorized officer - Approuvé par l'agent autorisé

Leave Credits / Solde de congé / Code / Hours / Heures / Leave recorded / Congé enregistré / Pay form (if applicable) / Formulaire de paye (au besoin)

Int. Date Int. Date Int. Date

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| | | EXTRA DUTY PAY/SHIFT WORK REPORT AND AUTHORIZATION | | RAPPORT SUR LA PAYE POUR SERVICES SUPPLEMENTAIRES/TRAVAIL PAR EQUIPE ET AUTORISATION | | Month: SEPTEMBER Year: 96 | |
| Surname (Prén): MOON ELIZABETH | | Initials: EL | | Pay List: 2554 | | Group: CR Sub-Group: 02 | |
| <p>The information you provide on this document is submitted to the Government of Canada on behalf of the Financial Administration Act for the purpose of extra duty pay and shiftwork. Personal information will be protected under the provisions of the Privacy Act. Personal information that you provide about another individual may be accessible to him or her under the Privacy Act. Personal information will be stored in the Personal Information Bank of your department. Other information may be accessible or protected as required under the provisions of the Access to Information Act.</p> <p>Les renseignements que vous fournissez dans le présent document sont soumis par votre organisme au gouvernement du Canada en vertu de la Loi sur l'accès à l'information. Les renseignements personnels sont protégés en vertu de la Loi sur la protection des renseignements personnels. Les renseignements personnels que vous fournissez au sujet d'un autre particulier peuvent être accessibles à ce dernier en vertu de la Loi sur la protection des renseignements personnels. Les renseignements personnels seront stockés au fichier de renseignements personnels de votre établissement. Les autres renseignements peuvent être accessibles ou protégés selon ce que prescrit la Loi sur l'accès à l'information.</p> | | | | | | | |
| SECTION A SECTION B (To be completed by employee - À compléter par l'employé(e)) | | | | | | | |
| Overnight Initiation du surcroît | | Extra Duty Heures de service supplémentaires et de travail par équipe | | Overnight - Number of hours worked or travelled Heures supplémentaires - Nombre d'heures travaillées ou en voyage | | Shiftwork Travail par équipes | |
| Code Date | | Code Date | | Code Date | | Code Date | |
| Shift Day Night | | Shift Day Night | | Shift Day Night | | Shift Day Night | |
| Start 8:15 | | Start 1:05 | | Start 8:15 | | Start 8:15 | |
| End 11:35 | | End 2:35 | | End 8:15 | | End 8:15 | |
| Hours 3.25 | | Hours 1.5 | | Hours 3.25 | | Hours 3.25 | |
| Total 3.25 | | Total 1.5 | | Total 3.25 | | Total 3.25 | |
| Overnight Authorization Autorisation d'heures supplémentaires | | Shiftwork Authorization Autorisation de travail par équipes | | SECTION C - MANAGER AUTHORIZATION - AUTORISATION DU GESTIONNAIRE | | SECTION D - MANAGER AUTHORIZATION - AUTORISATION DU GESTIONNAIRE | |
| Superior's Signature - Signature du (de la) supérieur(e) | | Employer's Signature - Signature de l'employé(e) | | Date | | Date | |

Answer key for *Exercise 2, The ATRS*, Section III, Your Role as a Supervisor

| ATRS Weekly Work Report * | | | | | | | |
|--|--------------------|--------|-----------|-------|------------|--------|---------|
| Emp. No.: 18972* | | | | | | | |
| Name: DOE, JOHN* | | | | | | | |
| FRC: 84300 | | | | | | | |
| Week Ending: 961018* 12-18 OCT 96 | | | | | | | |
| TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 00.00 | | | | | | | |
| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
| 1 | 9952** | | | 8*** | | | 7.50*** |
| 2 | 2546 | DQ0010 | 0096 | | | 7.50** | |
| 3 | 9999**** | DQ0010 | 0096 | | | * | |
| 4 | 2546 | DQ0010 | 0096 | | 3 | 30.00 | |
| | | | | | | 7.50 | |
| | | | | | | 1.50 | |

- * The employee's number and name and the date of production entered following the list incorporated in the system. The F10 key will give you a listing of the requested data.
- ** A statutory holiday is automatically entered in the ATRS. In order to be paid, it is necessary to work the day before and/or the day after the statutory holiday.
- *** The units, hours and conversion data are automatically calculated and entered by the system. Therefore, when entering overtime, the hours entered will be converted to 1 ½ or 2 times the total of hours worked. 1 ½ time, if worked overtime during an evening, after a regular day of work, or during the first day of rest (Saturday). 2 times, if worked overtime during the second day of rest (Sunday).
- **** When entering the program element 9999, the operation "0096" will disappear. Do not forget to enter this information manually.

ATRS
Weekly Work Report

Emp. No.: 19854

Name: CAYER, CLÉMENT

FRC: 84300

Week Ending: 961018

12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00

UNITS REMAINING: 00.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|--------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |
| 2 | 2546 | DQ0010 | 0096 | | | 11.50 | |
| 3 | 2547 | DQ0015 | 0096 | | | 3.50 | |
| 4 | 2546 | DQ0012 | 0096 | | | 16.50 | |
| 5 | 9999 | DQ0010 | 0096 | | | 7.50 | |
| 6 | 2546 | DQ0010 | 0096 | | 3 | 1.50 | |

ATRS
Weekly Work Report

Emp. No.: 16590

Name: ROMANOFF, ZINAF

FRC: 84300

Week Ending: 961018

12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00

UNITS REMAINING: 00.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|--------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |
| 2 | 2546 | DQ0010 | 0096 | | | 30.00 | |

ATRS
Weekly Work Report

Emp. No.: 12879

Name: MELLEGAN, CARRIE

FRC: 84300

Week Ending: 961018

12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00

UNITS REMAINING: 00.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|--------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |
| 2 | 2546 | DQ0010 | 0096 | | | 30.00 | |

ATRS
Weekly Work Report

Emp. No.: 11359

Name: DE FRANCO, PETER

FRC: 84300

Week Ending: 961018

12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00

UNITS REMAINING: 00.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|--------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |
| 2 | 2546 | DQ0010 | 0096 | | | 15.00 | |
| 3 | 2546 | DQ0011 | 0096 | | | 3.50 | |
| 4 | 2546 | DQ0012 | 0096 | | | 4.00 | |
| 5 | 9999 | DQ0010 | 0096 | | | 7.50 | |
| 6 | 2546 | DQ0010 | 0096 | | 4 | 3.00 | |

ATRS
Weekly Work Report

Emp. No.: 14896

Name: RICHER, NOÉMIE

FRC: 84300

Week Ending: 961018 12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 00.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|--------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |
| 2 | 2546 | DQ0010 | 0096 | | | 30.00 | |
| 3 | 2546 | DQ0010 | 0096 | | 3 | 3.00 | |
| 4 | 2546 | DQ0011 | 0096 | | 4 | 1.75 | |

ATRS
Weekly Work Report

Emp. No.: 13598

Name: DUFRESNE, ISABELLE

FRC: 84300

Week Ending: 961018 12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00 UNITS REMAINING: 00.00

| | PROGRAM ELEMENT | PHASE | OPERATION | UNITS | OT CODE | HOURS | CONVERS |
|---|--------------------|--------|-----------|-------|------------|-------|---------|
| 1 | 9952 | | | 8 | | 7.50 | 7.50 |
| 2 | 2546 | DQ0010 | 0096 | | | 15.00 | |
| 3 | 2020 | HQ0011 | 0096 | | | 11.50 | |
| 4 | 2546 | DQ0010 | 0096 | | | 3.50 | |

Answer key for *Exercise 3, General Questions and Operational Question*, Section III, Your Role as a Supervisor

Question 1: Always be honest with your staff, tell them that you do not know the answer at this moment, but you will obtain the correct answer from your Assistant Processing Manager. Never play the "know it all" type.

Question 2: Ensure this clerk knows the required standards for the whole operation and in particular his/her individual standards. Ensure this person understands and applies the procedures correctly. If not, re-explain the procedures to this person and do follow-ups. If so, ask why he/she isn't following the procedures accordingly. Help him/her to acquire work habits to increase output.

Question 3: Mention that slowing down would improve the quality. Fast but sloppy work results in more rejects, and this slows the process down. Follow up and check this clerk from time to time. Never sacrifice quality for quantity.

Question 4: - Prepare yourself adequately.

- Learn the content of your processing procedures. Learn the processing of the operation you are assigned to very well. A good knowledge of the other operations would also be helpful. Knowing your procedures will permit you to better train your employees and to direct them. You will also feel more confident.
- Prepare the materials needed for training: chalk, pens, pencils, papers, erasers, chairs, working tables, flip charts, procedures manuals and training manuals for you and for each of the employees, overhead charts, overhead projector.
- Get the forms you will need: Forms H-910, the Extra Duty Pay/Shift Work Report and Authorization Form, the Employee Attendance Form, and the Leave Application and Absence Report.
- Ask any questions you need to know to your APM. However, if an employee asks you a question that you cannot answer, do not be afraid to say so. Tell him/her you will find out and give him/her an answer later on that day.
- Remember that your APM is always there to assist you with anything that you need.

- Question 5: Show that you care, that you do understand his/her situation. However, never lend any money to an employee, you are not a bank. Moreover, it may result in this employee never paying you back since you do not have proof that you lend him/her some money.
Inform him/her that you will inquire on this situation with administration today and that you will tell him/her what you have found out and that you will do a follow-up.
- Question 6: Try to see how often he/she goes to the washroom and for how long. Also verify if this situation occurs every day or is it only from time to time. If you notice that the situation occurs quite often, you can tell the employee that you have noticed that he/she leaves quite often and ask the employee if he/she has a medical problem. If so, indicate that it would be good to have a medical note attached to his/her file in order to not affect his/her personal appraisal. If not, advise him/her verbally of what you have noticed and for how long you have noticed it. Mention what are the break and lunch hours. Inform him/her of the federal law restricting smoking inside public buildings and the possible fine associated to this prohibited action. If the problem still persists, advise the security guard and tell the guard if the employee is a male or a female and advise your Assistant Processing Manager accordingly.
- Question 7: (c) Advise him/her verbally not to use obscene language. If it still persists, write a note, get him/her to sign it, place it in his/her personal file and provide your Assistant Processing Manager with a copy. Moreover, explain to him/her that this was the contract offered, and if he/she is not willing to accomplish the required tasks, he/she may put an end to the contract. Failure to achieve satisfactory performance may result in the termination of the employee's contract.

Question 8:

| Main Studies | Brief Description/Use |
|----------------------------------|--|
| Automated Match study (AMS) | It is the main overcoverage measurement tool. It identifies pairs of households on the census database with at least two persons in common; the identification is based on sex and birth date. |
| Collective Dwelling study (CDS) | It measures the overcoverage of persons enumerated in 1996 in both a private and collective dwelling. |
| Edit Sample study (ESS) | It estimates the initial rate of non-response for the information provided by respondents. |
| Outgoing Error Rate study (OERS) | It measures the quality of the coding data. |
| Reverse Record Check (RRC) study | It estimates the number of persons, households and census families missed or enumerated more than once (undercoverage and overcoverage) during the 1996 Census. |
| Roster Coverage study (RCS) | It estimates the incidence of undercoverage in the census. It will identify persons who were counted, miscounted and missed at the sample addresses. |
| Vacancy Check (VC) study | It adjusts the census database to account for dwellings that were misclassified by the census as unoccupied. |

Main goal of each of these studies: Verify the quality of the census data or seek new ways of conducting the data quality studies for the 2001 Census.

Answer key for *Exercise 4, The FTS*, Section III, Your Role as a Supervisor

You are assigned to the Verification Operation as the Supervisor. This morning you had a pile of Forms H-332C in which a couple of Forms H-332D were inserted. Describe how you would process these forms.

- These forms have arrived from the Clean-Up Operation.
- Take the Forms H-332D out of this pile and give them back to the Clean-up Supervisor.
- Take a scanner. Ensure the date is correct and the scanner is empty. If not, before deleting this information, ensure that the data entries were already downloaded into the FTS by contacting the FTS Administrator.
- Use the General Processed Form Protocol.

Scan the:

- Action new bar code
- APM bar code
- Supervisor bar code
- Phase 1 bar code
- Verification Operation bar code
- Verifying Activity bar code
- Clerk's bar code to whom you are giving these forms to be processed
- All Forms H-332C bar codes
- Finally give the Forms H-332C to the concerned clerk

- Once the Forms H-332C have been processed, they will be placed in the box identified for batching.
- You will now use the Shipped Form Protocol.

Scan the:

- Action new bar code
- APM bar code
- Supervisor bar code
- Phase 1 bar code
- OID bar code
- Generic employee bar code
- Forms H-332C bar codes being sent to OID for keying

- Complete the Data Capture Work Ticket Form and send it to OID for the keying of the information.
- When the batch is keyed and ready for pick-up (OID will advise you), bring the pile of documents to the Control Operation and place the forms in the box identified "Forms H-332 to be scanned before filing". The Control Supervisor will scan them into the Filing Cabinet Operation, Filing/Completed Activity.





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